County: Chi ppewa EAGLETON HOME - FDD 14135 150TH AVENUE BLOOMER 54

54724 Ownership: Corporati on Phone: (715) 288-6311 Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: FDDs Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/01): 28 Title 18 (Medicare) Certified? No Total Licensed Bed Capacity (12/31/01): 28 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/01: 27 Average Daily Census: 28 \* \*

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	1/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	11. 1
Supp. Home Care-Personal Care	No					1 - 4 Years	22. 2
Supp. Home Care-Household Services	No	Developmental Disabilities	100. 0	Under 65	48. 1	More Than 4 Years	<b>66</b> . 7
Day Services	No	Mental Illness (Org./Psy)	0. 0	65 - 74	22. 2		
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	18. 5		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	11. 1	*********	******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0.0	95 & 0ver	0.0	Full-Time Equivaler	nt
Congregate Meals	No	Cancer	0. 0	İ	ĺ	Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	0. 0		100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	0. 0	65 & 0ver	51. 9		
Transportati on	No	Cerebrovascul ar	0. 0			RNs	8. 2
Referral Service	No	Di abetes	0.0	Sex	%	LPNs	10. 8
Other Services	No	Respi ratory	0.0		Ì	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	0. 0	Male	44.4	Aides, & Orderlies	47. 4
Mentally Ill	No			Femal e	55. 6		
Provi de Day Programming for			100.0				
Developmentally Disabled	Yes				100.0		
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## Method of Reimbursement

		Medicare Medicaid (Title 18) (Title 19)			Other				Family Care		Managed Care		l 							
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Diem (\$)	Total Resi - dents	% 0f All
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Intermedi ate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				27	100.0	109	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	27	100.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependen	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Total	0	0.0		27	100. 0		0	0.0		0	0.0		0	0.0		0	0.0		27	100. 0

County: Chi ppewa EAGLETON HOME - FDD

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	of Residents'	Condi t	ions, Services,	and Activities as of	12/31/01
beating builting hepoteting terrou					% Needi ng		Total
Percent Admissions from:		Activities of	%		sistance of	% Totally	Number of
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	0ne	or Two Staff	Dependent	Resi dents
Private Home/With Home Health	0.0	Bathi ng	0.0		74. 1	25. 9	27
Other Nursing Homes	0.0	Dressi ng	3. 7		81. 5	14. 8	27
Acute Care Hospitals	0.0	Transferri ng	44. 4		25. 9	29. 6	27
Psych. HospMR/DD Facilities	100	Toilet Use	33. 3		48. 1	18. 5	27
Rehabilitation Hospitals	0.0	<b>Eating</b>	25. 9		<b>55. 6</b>	18. 5	27
Other Locations	0.0	**************************************	*********	*****	***********	********	******
Total Number of Admissions	3	Continence		%	Special Treat	ments	%
Percent Discharges To:		Indwelling Or Externa	l Catheter	0.0	Recei vi ng I	Respi ratory Care	3. 7
Private Home/No Home Health	0.0	Occ/Freq. Incontinent	of Bladder	77.8	Recei vi ng T	Tracheostomy Care	0. 0
Private Home/With Home Health	0.0	Occ/Freq. Incontinent	of Bowel	51. 9	Receiving S	Sucti oni ng	0. 0
Other Nursing Homes	0.0	_			Recei vi ng (	Ostomy Care	0. 0
Acute Care Hospitals	0.0	Mobility				Tube Feeding	3. 7
Psych. HospMR/DD Facilities	<b>25.</b> 0	Physically Restrained		0.0	Recei vi ng 1	Mechanically Altered Di	ets 77.8
Rehabilitation Hospitals	0.0						
Other Locations	0.0	Skin Care			Other Resider	nt Characteristics	
Deaths	<b>75.</b> 0	With Pressure Sores		0.0	Have Advance	ce Directives	100. 0
Total Number of Discharges		With Rashes		0.0	Medi cati ons		
(Including Deaths)	4	ĺ			Recei vi ng I	Psychoactive Drugs	77. 8

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	This Facility		DD ilities	Faci		
	racifity %	rac %	Ratio	raci %	lties Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	100. 0	84. 6	1. 18	84. 6	1. 18	
Current Residents from In-County	33. 3	41. 3	0. 81	77. 0	0. 43	
Admissions from In-County, Still Residing	0. 0	17. 0	0.00	20. 8	0.00	
Admissions/Average Daily Census	10. 7	18. 6	0. 58	128. 9	0.08	
Discharges/Average Daily Census	14. 3	22. 2	0. 64	130. 0	0. 11	
Discharges To Private Residence/Average Daily Census	0. 0	9. 4	0.00	52. 8	0.00	
Residents Receiving Skilled Care	0. 0	0.0	0.00	85. 3	0.00	
Residents Aged 65 and Older	51. 9	15. 8	3. 27	87. 5	0. 59	
Title 19 (Medicaid) Funded Residents	100. 0	99. 3	1. 01	68. 7	1.46	
Private Pay Funded Residents	0. 0	0. 5	0.00	22. 0	0.00	
Developmentally Disabled Residents	100. 0	99. 7	1.00	7. 6	13. 19	
Mentally Ill Residents	0. 0	0. 2	0.00	33. 8	0.00	
General Medical Service Residents	0. 0	0. 1	0.00	19. 4	0.00	
Impaired ADL (Mean)*	51. 1	50.6	1. 01	49. 3	1.04	
Psychological Problems	77.8	46. 6	1. 67	51. 9	1. 50	
Nursing Care Required (Mean)*	10. 6	11. 0	0. 97	7. 3	1.45	